



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 16, 2025

Tamiko Hurt-West  
13996 Silent Woods Dr  
Shelby Township, MI 48315

RE: License #: AF500419014

**Bethany Home Estates  
13996 Silent Woods Dr  
Shelby Township, MI 48315**

Dear Ms. Hurt-West:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF500419014
<b>Licensee Name:</b>	Tamiko Hurt-West
<b>Licensee Address:</b>	13996 Silent Woods Dr Shelby Township, MI 48315
<b>Licensee Telephone #:</b>	(313) 318-2298
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Bethany Home Estates
<b>Facility Address:</b>	13996 Silent Woods Dr Shelby Township, MI 48315
<b>Facility Telephone #:</b>	(313) 318-2298
<b>Original Issuance Date:</b>	03/11/2025
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
I observed medications.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
I observed adequate food supply.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
There are no reportable incidents.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.1407**                    **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.**

**(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.**

I observed that Resident A's *Health Care Appraisal* did not have a diagnosis listed.

**R 400.1408**                    **Resident care; licensee responsibilities.**

**(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.**

I observed that Resident A did not have household chores specified in the *Assessment Plan*.

I observed that Resident A did not have visitor arrangements in the *Assessment Plan*.

**R 400.1418**                    **Resident medications.**

**(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the**

**Public Acts of 1978, as amended, being S333.1101 et seq.  
of the Michigan Compiled Laws.**

I observed on Resident A's *Assessment Plan* that they are prescribed the below medications; however, they were not listed on the medication administration record (MAR):

- Trazadone
- Iron
- Vitamin C

**R 400.1418 Resident medications.**

**(2) Medication shall be given pursuant to label instructions.**

I observed that Resident A's Hydroxyzine 10 mg take 1 tab three times a day was listed on the MAR only once but given three times per day.

**R 400.1418 Resident medications.**

**(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:**

**(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.**

I observed that Resident A's Triamcinolone Cream is administered one time per day however, it is not on the MAR.

**R 400.1418 Resident medications.**

**(5) Prescription medication shall be kept in the original pharmacy supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.**

I observed that Resident A's medications were not in the original containers.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*L. Reed*

09/16/2025

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LaShonda Reed  
Licensing Consultant

Date